



COMPLAINANT INFORMATION

PHYSICAL LOCATION OF COMPLAINT		PROPERTY OWNER INFORMATION	
Name: _____	Phone: (____) _____	Name: _____	Phone: (____) _____
Address: _____		Address: _____	
City: _____	State: _____ Zip: _____	City: _____	State: _____ Zip: _____

Nature of Complaint Junk Vehicle ☐ Septic ☐ Burning ☐ Garbage ☐ Restaurant ☐ Public Accommodations ☐ Other ☐ _____.

Complaint _____

I declare, under penalty of perjury under the laws of the State of Montana, that the information contained in this complaint is true and accurate, and that any documents attached are true and accurate copies of the originals.

I understand that this official complaint form, once signed and filed with the Ravalli County Environmental Health Office, constitutes a public record under Montana Law that is generally open to public inspection.

Signature _____ Date _____

Action Taken:

☐ Called on: _____ ☐ Sent Letter on: _____ ☐ Site Visit on: _____.

Sanitarian Responding: _____